

**Individual Tax Return Questionnaire**

**Year ending June 30 2015**

**Please email or fax the completed sheet to the office prior to your Appointment**

**Fax +61 3 9802 7923**

**Email info@robertjnixon.com**



Information for 2015 Tax Return				
Name:		Spouses Name		
DOB		Spouses DOB		
Address		Postal address if different		
TFN		email		
Phone	W			
	H			
	M			
Children/ Dependants				
Name		Name		
DOB		DOB		
School	Primary/ Secondary	School		Primary/ Secondary
Education Costs		Education Costs		
Name		Name		
DOB		DOB		
School	Primary/ Secondary	School		Primary/ Secondary
Education Costs		Education Costs		
PAYG Payment Summaries ( please attach by scanning or fax with this form all Slips)				
Employer	Occupation		Gross	Tax
			\$	\$
			\$	\$
Bank Interest				
Bank	Amount	TFN Credits:	Bank Charges	
	\$			
	\$			
Work Expenses (please attach Detailed list)				
Motor vehicle		Self-education	\$	
Engine size		Seminars / Prof Deve	\$	
Work Km's		Stationery	\$	
Taxi fares	\$	Uniforms	\$	
Other travel	\$	Union Fees	\$	
Reference Books	\$	Other expenses Please attach details		
Private Health Insurance				
Fund	Type of cover			
Member No:		Days covered		Excess
30 % Rebate Claimed? YES / NO		Out of pocket expenses	\$,	
Do you have any of these? If so please download additional forms		<input type="checkbox"/> Investment Income	<input type="checkbox"/> Rental Property	
		<input type="checkbox"/> Investments sold	<input type="checkbox"/> Motor Vehicle used for work	